

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re: JAY S. HEIVILIN

§ § §

Case No. 08-73429

Debtors

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 10/27/2008.
- 2) The plan was confirmed on 01/15/2009.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 06/10/2009.
- 5) The case was completed on 06/12/2009.
- 6) Number of months from filing or conversion to last payment: 7.
- 7) Number of months case was pending: 12.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$161,900.00.
- 10) Amount of unsecured claims discharged without full payment: \$8,643.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$ 5,335.00	
Less amount refunded to debtor	\$ 30.39	
NET RECEIPTS		\$ 5,304.61

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$ 2,774.00	
Court Costs	\$ 0.00	
Trustee Expenses & Compensation	\$ 406.16	
Other	\$ 0.00	
TOTAL EXPENSES OF ADMINISTRATION		\$ 3,180.16
Attorney fees paid and disclosed by debtor:	\$ 726.00	

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
BRIAN A. HART	Lgl	3,500.00	3,500.00	3,500.00	2,774.00	0.00
AMCORE BANK NA	Sec	1,800.00	1,914.18	1,800.00	1,800.00	34.29
AMCORE BANK NA	Uns	0.00	0.00	114.18	114.18	2.33
WELLS FARGO HOME MORTGAGE	Sec	12,000.00	12,000.00	0.00	0.00	0.00
ILLINOIS DEPARTMENT OF	Pri	300.00	50.75	50.75	50.75	0.91
ILLINOIS DEPARTMENT OF	Uns	0.00	30.00	19.48	19.48	0.49
CITIFINANCIAL	Uns	5,188.00	NA	NA	0.00	0.00
COMED	Uns	231.00	NA	NA	0.00	0.00
NICOR GAS COMPANY	Uns	1,844.00	NA	NA	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	778.00	NA	NA	0.00	0.00
ROCKFORD ORTHOPEDIC	Uns	454.00	NA	NA	0.00	0.00
SWEDISH AMERICAN HOSPITAL	Uns	148.00	NA	NA	0.00	0.00
KARIN SHOEMAKER	Uns	0.00	NA	NA	0.00	0.00
ROCKFORD MERCANTILE AGENCY	Uns	0.00	100.00	100.00	100.00	2.02

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 1,800.00	\$ 1,800.00	\$ 34.29
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL SECURED:	\$ 1,800.00	\$ 1,800.00	\$ 34.29
Priority Unsecured Payments:			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 50.75	\$ 50.75	\$ 0.91
TOTAL PRIORITY:	\$ 50.75	\$ 50.75	\$ 0.91
GENERAL UNSECURED PAYMENTS:	\$ 233.66	\$ 233.66	\$ 4.84

Disbursements:

Expenses of Administration	\$ 3,180.16	
Disbursements to Creditors	\$ 2,124.45	
TOTAL DISBURSEMENTS:		\$ 5,304.61

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 11/24/2009

By: /s/ Lydia S. Meyer
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.